

### Montana Milestones SSIP Overview

The Montana Department of Public Health and Human Services (DPHHS), Developmental Disabilities Division, Montana Milestones Part C/Early Intervention program is the lead agency for the implementation of the Individuals with Disabilities Education Act (IDEA), Part C. Over the course of FFY 2014, 1,573 infants and toddlers and their families were served cumulatively.

Montana is a geographically large state encompassing approximately 148,000 square miles with 1,005,141 inhabitants of whom 60,964 are children under the age of five. Seven regional early intervention programs provide services and supports to infants and toddlers and their families. Each region spans thousands of miles. True to form in our sparsely populated state, Montana Milestones Part C/Early Intervention program is comprised of one staff member. While independence is practiced with fervor in Montana, the regional early intervention providers and the Part C Coordinator determined in early 2013 that working together on our practices would create the best system of services and supports for infants and toddlers with disabilities and their families.

"Teamwork is the ability to work together toward a common vision and the ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." – Andrew Carnegie.

Two events occurred nearly simultaneously in 2013 and jumpstarted Montana's Statewide Improvement Plan: Dr. Robin McWilliam provided additional development around Routines-Based Interviewing™ and led a large group of early interventionists in developing a professional development implementation plan for the state, and four early interventionists approached the Part C Coordinator in an effort to establish Routines-Based Interviewing™ as a systemic, sustainable component of every family's experience with Part C Early Intervention. In September 2013, the Family Support Services Advisory Council (FSSAC) developed a strategic plan for Part C Early Intervention in Montana, which included the following strategies and goals:

- Provide an effective professional development system so that providers of early intervention services and supports are highly competent and regularly connected across the state;
- Insure efficiency and effectiveness with processes and requirements so consistency exists across all providers and within the state's monitoring;
- Build a collaborative culture where early intervention providers and all related stakeholders (state, providers, and families) share a common vision and practice in order to increase family and child successes.
- Promote early identification through public awareness and child find systems increasing the number of children and families identified as eligible for early intervention services in Montana;
- Develop data collection and analysis to improve outcomes using a singular data system response to DPHHS needs, provider needs, and family needs. All providers and DPHHS use reliable data to make decisions; and

- Increase family involvement within Montana Milestones Part C/Early Intervention providing families with information and promoting the ability to use it to advocate for their children within provider agencies and department activities.

Building upon the strategic plan, the FSSAC members along with additional support from Marty Blair of the University of Montana Rural Institute, and regional representation from Parents Lets Unite for Kids (PLUK) began the process of developing Phase 1 of the SSIP utilizing infrastructure analysis and an overview of Montana's reported data components. This group became Montana's core SSIP stakeholder group. A picture emerged from investigating our statewide data compared to each regional provider's data. As we attempted to understand the differences within data components for different areas of the state, additional stakeholders groups were created including a group of early interventionists from each provider agency and a group of Quality Improvement Specialists from each region in the state to look deeply into our outcomes data and determine our process for improvement.

As a result of our process, Montana's stakeholders chose **Outcome A. Positive social-emotional skills (including social relationships)** as our State Identified Measureable Result (SIMR) centering upon children who entered or exited the program below age expectations, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Two distinctively different providers of Part C/Early Intervention were chosen to implement, monitor, reflect, and report as we implement improvement strategies designed to increase our targets in Outcome A. However, all provider agencies are utilizing the same components and will be monitored but with less intensity initially. Concentration will be placed upon **Child Development Center (CDC)** with offices in western Montana (Missoula and Kalispell) and the **Developmental Educational Assistance Program (DEAP)** with offices in eastern Montana (Miles City, Glendive, and Colstrip). Each provider faced significant impacts in recent years due to economics, population growth, and demographic changes. Each provides services and supports in counties with significant American Indian populations. Each has witnessed population growth for notably different reasons. As we approach our strategic plan encompassing professional development utilizing several specific evidence-based strategies, assessment, collaboration, and family involvement, we will monitor the child and family outcomes closely in these two diverse environments of Montana.

Montana has a compact structure for decision-making utilizing the sphere of influence noted in the graphic below. The Part C Coordinator ultimately is responsible for all decisions regarding Part C Early Intervention following guidance and law from the Office of Special Education Programs. The FSSAC advises the Part C Coordinator and Early Intervention providers in the State on the best next steps. The Part C Coordinator then works with the Quality Improvement Specialists to develop plans for monitoring specific outcomes from specific decisions. That information is again shared with the FSSAC for their advisement for future decisions.

